250758

Example: Application for a Class C Charter Certificate from	<u> </u>		
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET		
	DOCKET 2014- 227- T NUMBER:		
	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.		
(Please type or print) Submitted by: CNS+a/E DV5eV	Telephone: (843) 229-9576		
Address: 401W. Evans St. Swite 4115	Fax: 1-888-317-4468		
Florence 80,29502	Other:		
	Email: Cotronsportation 2814@yahiv.co		
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service C	s nor supplements the filing and service of pleadings or other papers commission of South Carolina for the purpose of docketing and must		
be filled out completely. NATURE OF ACTION	(Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate		
Application - Class C Taxi	Request to Amend Scope of Authority		
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus	Request to Amend Passenger Limit		
Application - Class C Non-Emergency	Request		
Application - Class C Stretcher Van	Exhibit		
Application - Class E Household Goods	Late-Filed Exhibit		
Application - Class E Hazardous Waste	Letter		
Application	Proposed Order		
Request for Extension to Comply with Order	Publisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter		
of Public Convenience and Necessity to be Rescinded	Response		
Request for Cancellation of Certificate	Return to Petition		
Request for Suspension	Other:		
Request for Reinstatement			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date:	5-16-2014
Application is hereby made for a Certificate of Public Converse of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendment		essity, in accordance with the provision
(rystal E. Dorsey dua 1. Name under which business is to be conducted (corporation, par COVINCI Transportation)	rtnership, or sole	proprietorship, with or without trade name.)
Caring Transportation 401 W. Evans St. Suite 4115 Street Address	Floven Co of Applicant	18C, 29502
Mailing Address of Applicant (if	different from st	reet address)
(843) 229-957(e Phone	1-888	- 317-4668
		Fax
C. transportation 2814@ yando.	<u>CUM</u>	
2. If the Applicant is an LLC or a corporation, a copy of the Consecretary of State and the Articles of Incorporation must be a Carolina Secretary of State "Foreign Corporation" Certificate	ttached. (If inco	
3. Select Entity Type: (Check one)		
☐ Individual Owner/Sole Proprietorship		
Partnership - List names and address of all person have	ving an interest	in the business.
Corporation - List names and addresses of two princip	oal officers.	
	7	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

	Month Mall Year 2019
Assets:	1 4150000
Cash	\$15,000.
Receivables	
Real Estate	\$ 59.000.00
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 42,000
Garage Equipment (Net)	11
Machinery and Tools (Net)	
Supplies on Hand	\$ 3500.00
Prepaids and Other Assets	
Total Assets *	119,500
	,
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity *	

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 2.50 per mile | \$1800 hourly

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	☐ Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	· · ·
	☐ Fairfield	Laurens	Richland	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped
to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)
1-7 Passengers, including driver
8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	CHAIR LIFT
	TEAR & MODED	7.23.30		
		A CONTRACTOR OF THE CONTRACTOR		

WHEEL-

This from MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The haveness quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:			
Chystal Docsey			
- 1	Name of Applicant		
40 W Eyans St. Sute	4113 Florence, SC, Address of Applicant	29502	
	Address of Applicant		
Amount of Premisor:	~		
Liability Insurance \$	o Par unit		
The above quoted premium is for a term of Minimum Limits - Bodity injury and pr	months,		
than the following:	chart adition with street and ha sade	Limits Quoted	
Liability Combined Each Cocurance	\$ 1,000,000	/6-	
Medical Payments per Person	\$ 1,000	100,000	
- / > 1			
National (As ugety Name of Insurance Company		
401 W. Evans of Sud	e 4115 Florence,	sc 29507	
	ome Office Address of Company	30/01302	
I am familiar with the Commission's Rules	and Regulations relating to insurance	requirements and the above quote	
meets the minimum insurance limits prescr	ibed. The insurance company makin		
South Carolina Department of Insurance to	•		
5-2214	MillSmit		
Date	Authorized Insurance Company I	Representative's Signature	
NOTICE:	San Ann Sal 202 and an array day a	S. balonom M.	
If you wish to self-insure your motor vehice Ann. Sections 56-9-60 and 58-23-910. For			
Vehicles at (803) 896-8457.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
If you wish to apply as a self-insured for w	orker's compensation coverage in Soi	ith Carolina you may do so with	
the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and			
cond or inner-di-circuit with the WCC 101 8	minimum of \$300,000, 2) agree to p	ny a yearly self-insurance lax, and	

5 of 9

3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the

WCC Solf-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

2/2 7 HUGDUUCHU

A ACADARICHO

TNAT

:01

つていれ ブフェアハンかりハブ

Exhibit Fit, Willing, and Able (FWA)

		Name			
U.S.D.C).T No.			ICC No.	
1. Is there currently any out O Yes If Yes, indicate nature o	Ø No		licant?		
2. Is Applicant familiar wit	h all statutes and	regulations, includ	ing safety regula	tions and governing for-l	nire moto
carrier operations in Sou statutes and regulations?	th South Carolina	a, and does Applica	nt agree to opera	te in compliance with the	ese
⊘ Yes	O No				
3. Is Applicant aware of the therewith?	e Commission's in	nsurance requireme	ents and the insur	ance premium costs asso	ociated
♥ Yes	O No				

Exhibit on Driver Qualifications

1.	CPR Certificate or its	s that drivers must possess at least a current American Red Cross Standard First Aid and equivalent, and records that verify/record such training must be kept on file at the ace of of business within South Carolina.
	⊘ Yes	○ No
2.	Applicant understand	s that drivers must be in compliance with all OSHA regulations.
	⊘ Yes	O No
3.	Applicant understand two-way radios, first	s that drivers must be trained in the use of all vehicle installed safety equipment such as aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
	Yes	O No
4.	Applicant understand with disabilities, incl	s that drivers must be able to physically perform actions necessary to assist persons uding wheelchair users.
	Yes	○ No
5.	. Applicant understand easily identifies the c	Is that drivers must wear a professional uniform and photo identification badge that river and the company for whom the driver works.
	⊗ Yes	○ No
6.	. Applicant understand of safety, and record business within Sout	Is that drivers must complete twelve (12) hours of in-service training annually in the area that verify/record such training must be kept on file at the company's primary place of h Carolina.

O No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

| WACK |
| Title of Applicant (e.g. President, Owner, etc.)

SWORN TO BEFORE ME
This 16 th day of May 20 14

Notary Public

Commission Expires 03-19-2022

